

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90016 010 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 818221
 1. Entity Name
KECK & WOOD, INC.

Principal Place of Business Mailing Address
2425 COMMERCE AVE. **2425 COMMERCE AVE.**
BLDG. 2100 STE. 300 **BLDG. 2100 STE. 300**
DULUTH GA 30096 **DULUTH GA 30096**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **58-0801754** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORBIN, P R
731 MAY ST
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | V <input type="checkbox"/> Delete |
| NAME | MOFFITT, MICHAEL J. |
| STREET ADDRESS | 3345 HIGHLAND PINE DR. |
| CITY-ST-ZIP | DULUTH GA |
| TITLE | DS <input type="checkbox"/> Delete |
| NAME | HULSEY, J R |
| STREET ADDRESS | 611 ASHTON MANOR DR |
| CITY-ST-ZIP | LOGANVILLE GA 30052 |
| TITLE | TVD <input type="checkbox"/> Delete |
| NAME | CORBIN JR, C C |
| STREET ADDRESS | 3247 OLDE DEKALB WAY |
| CITY-ST-ZIP | ATLANTA, GA 00000 |
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | STANLEY JR, J B |
| STREET ADDRESS | 135 S ROBERST DR |
| CITY-ST-ZIP | SUGAR HILL, GA 00000 |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | BENZ, D D |
| STREET ADDRESS | 582 OLD MILL CT |
| CITY-ST-ZIP | NORCROSS, GA 00000 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Hulsey Date: 4-16-02 Daytime Phone #: 678/417-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/01)